




State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: March 25, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Patrick Gillies, Medicaid Executive Director 

SUBJECT: Louisiana Medicaid Pharmacy Point of Sale Clinical Authorization and Updates for Select Medications- April 2022

Effective April 1, 2022, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs), in consultation with the Drug Utilization Review (DUR) Board, will implement clinical authorization and updates for select medications. The authorization applies to pharmacy claims submitted to FFS and MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare).

Clinical Authorization Requirement

Pharmacy claims for the following select medications require clinical authorization.

- Atogepant (Qulipta™)
- Belumosudil (Rezurock™)
- Lonapegsomatropin-tcgd (Skytrofa™)

Pharmacy claims for the following Behavioral Health Medications require a clinical authorization for recipients younger than 7 years old.

- Olanzapine/Samidorphan (Lybalvi™)
- Paliperidone palmitate (Invega Hafyera™)
- Serdexmethylphenidate/Dexmethylphenidate (Azstarys™)

Pharmacy claims submitted without an approved clinical authorization will deny at Point of Sale (POS) with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan (See contact information at the end of this document).

FFS Only: **NCPDP rejection code 88** (DUR Reject Error) mapped to **EOB code 066** (Clinical Authorization Required).

Override provisions should be addressed through the Clinical Authorization process.

Clinical and POS Updates

- Antipsychotic Agents
 - Pimavanserin (Nuplazid®) 10 mg tablet has a quantity limit of 30 tablets/30 days.
 - The POS prior drug use requirement for antipsychotic injectable agents (excluding Invega Hafyera™ and Invega Trinza®) is modified to require at least one claim of an oral dosage form in the previous 365-day period. This replaces the previous requirement of a 14-day supply of an oral agent in a 30-day period.
- Aspirin (acetylsalicylic acid)
 - The maximum daily dose limit for aspirin is updated to four (4) grams per day.
- Codeine Products
 - Pharmacy claims for single-ingredient codeine products will deny at the POS, if the recipient is less than 18 years of age.
- Codeine Combination Products
 - Pharmacy claims for codeine combination products will deny at the POS, if the recipient is less than 12 years of age.
- Cytokines
 - Tofacitinib (Xeljanz®) and Upadacitinib (Rinvoq®) clinical criteria updates include a prior drug use requirement and addition of new indications of psoriatic arthritis (Rinvoq®) and ankylosing spondylitis (Xeljanz®).
 - Abatacept (Orencia®) clinical criteria updates include a new indication of prophylaxis for acute graft versus host disease.
- Heart Disease – Hyperlipidemia – Lipotropics (Other)
 - Evolocumab (Repatha®) clinical criteria updates include a new indication and age limit. The following indications and corresponding age limits will apply:
 - heterozygous familial hypercholesterolemia (HeFH) [10 years to less than 18 of age years of age or older]; and
 - homozygous familial hypercholesterolemia (HoFH) [10 years of age or older].
 - Lomitapide (Juxtapid®) clinical criteria update includes a concurrent use requirement.

- Hepatitis C Agents
 - Elbasvir/grazoprevir (Zepatier®) clinical criteria updates include a new age minimum ≥ 12 years*.
** Recipients younger than 12 years of age must weigh at least 30kg.*
 - Sofosbuvir/velpatasvir (the preferred Authorized Generic for Epclusa®) will now have a POS override option available for the duration of therapy edit. Pharmacy claims submitted for the preferred AG Epclusa® (sofosbuvir/velpatasvir) which exceed the maximum duration of therapy of 12 weeks will deny with:

MCO Only: The pharmacy claim will deny with a **NCPDP rejection code**. If additional assistance is needed, contact the health plan (See contact information at the end of this document).

FFS Only: **NCPDP rejection code 88** (Drug Reject Error) mapped to **EOB 656** (Exceeds Maximum Duration of Therapy)

After consultation with the prescriber to verify medical necessity to exceed the maximum duration of therapy, the pharmacist may override the denial by submitting the following override codes at POS:

NCPDP 439-E4 field (Reason for Service Code) – **MX** (Excessive Duration)
NCPDP 440-E5 field (Professional Service Code) – **M0** (Prescriber Consulted)
NCPDP 441-E6 field (Result of Service Code) – **1G** (Filled with Prescriber Approval)

Note: All non-preferred Direct Acting Antiviral Agents for Hep C exceeding the maximum duration of therapy edit must be overridden via the prior authorization process.

- HIV/AIDS Agents
 - Emtricitabine & tenofovir alafenamide (Descovy®) and emtricitabine/tenofovir disoproxil fumarate (Truvada®) will no longer have a diagnosis requirement at POS.
- Isotretinoin- **FFS only**
 - Isotretinoin no longer requires a handwritten prescription and refills will now be allowed at POS.
- Orlistat (Xenical®)- **FFS only**
 - Orlistat (Xenical®) no longer requires a handwritten prescription and refills will now be allowed at POS.

Note: Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, and clinical criteria.

Additional Information:

FFS Only: Most pharmacy claim denials can be overridden in emergency situations at Point of Sale. If it is necessary to override the claim, “03” can be entered in **NCPDP field 418-DI** (Level of Service). Refer to www.lamedicaid.com for the POS User Guide and override procedures.

MCO Only: If an override is required, or additional assistance needed, contact the health plan. (See contact information at the end of this document.)

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, and clinical criteria.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna	CVS Health	(855) 364-2977
AmeriHealth Caritas	PerformRx	(800) 684-5502
Fee for Service	Gainwell Technologies	(800) 648-0790
Healthy Blue	CVS	(833) 236-6194
Louisiana Healthcare Connections	CVS Caremark	(800) 311-0543
UnitedHealthcare	Optum Rx	(866) 328-3108

Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

PG/MBW/GJS

c: Healthy Louisiana Plans
Melwyn B. Wendt
Gainwell Technologies